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	Seni		Serial Number		10/635,919			
			Filing Date			August 6, 2003		
PATENT - POWER OF ATTORNEY		First No	First Named Inventor			Claudius Zeiler		
OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS			TRIME ARRANGEME TOTALLY AU OF IMPLANT THEREOF IN ORTHOPAEL			ATE, METHOD AND ENT FOR THE SEMI OR ITOMATIC PRODUCTION PLATES AND THE USE I SURGICAL AND/OR INC PROCEDURES A8130.0659/P659		
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tam the:    X   Inventor, having ownership of the patent.   OR     Patent owner.   Statement under 37 CFR 3.73(b) (Form F	1	mitted herew	rith or file					
Signature Candus VIII Date 22 Ap						April	2009	
Name Claudius Zeiler				elephone	1			
Title and Company Inventor								
NOTE: Signatures of all the inventors or patent owner than one signature is required, see below".	s of the entire inte	rest or their re	presental	ive(s) are r	squired. Sut	bmit multiple forn	ns if more	
X *Total of 2 forms are a	ubmitted.							

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE and to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collect Serial Number 10/635,919 Filing Date August 6, 2003 PATENT - POWER OF ATTORNEY First Named Inventor Claudius Zeiler OR IMPLANT PLATE, METHOD AND REVOCATION OF POWER OF ATTORNEY ARRANGEMENT FOR THE SEMI OR TOTALLY AUTOMATIC PRODUCTION WITH A NEW POWER OF ATTORNEY Title OF IMPLANT PLATES AND THE USE THEREOF IN SURGICAL AND/OR CHANGE OF CORRESPONDENCE ADDRESS ORTHOPAEDIC PROCEDURES A8130.0659/P659 Attorney Docket No. I hereby revoke all previous powers of attorney given in the above-identified patent. A Power of Attorney is submitted herewith. Thereby appoint Practitioner(s) associated with the following Customer Number as mylour attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: 24998 I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Registration Number Practitioner(s) Name Practitioner(s) Name Please recognize or change the correspondence address for the above-identified patent to: The address associated with the above-mentioned Customer Number. OR The address associated with Customer Number: OR Michael S. Marcus Firm or DICKSTEIN SHAPIRO LLP Address 1825 Eye Street, NW Washington Ctate DC Zio 20006-5403 Telephone (202) 420-2200 Email Country US I am the: X Inventor, having ownership of the patent. Patent owner Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Inventor or Patent Owner + What 22 April Date Signature Ernst Wiedemann Telephone Name Title and Company Inventor

NOTE: Signatures of all the invantors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more

forms are submitted.

than one signature is required, see belo X \*Total of 2